Please refer to the Instructions
Filling Notification before
completing this form. The
imormation requested here is
required by law (Section 3010)
of the Resource Conservation
and Recovery Act).



Notification of Regulated Waste Activity

Date Received (For Official Use Only)

MAY 1-6 1995 ---

of the Resource Conservation 154	ales Environme	AGUVIT Intal Protection		I S EPA DECIONAL	2.10
l. Installation's EPA ID Number (Mark 🛠 in the ap	propriate box)				
A. First Notification B. Subsequent I (complete item				XX4-21914	ř
ii. Name of installation (Include company and spe	cilic site name		**,	*	
FREIDRICH BI	UDER	M			
III. Location of Installation (Physical address not	P.O. Box or Ro	oute Number)	·		
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Street (continued)					
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JOL TET !!!!!!!		1 1	4604	33-	
County Code COUNTY Name					
IV. Installation Mailing Address (See Instructions		A Maria Maria			
Street or P.O. Box	E. Y 945	30,70			
1415 MASON A	UE				
City or Town		Sla	le ZIP Code		
JOLIET		F	L604	35-1	
V. Installation Contact (Person to be contacted	regarding was	te activities at s	alte) 🧸		
Name (last)		(first)			
VERCELLOTTI		NAYN	[E]		
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OWNER		8/15-	7 25 -	6375	
VI, Installation Contact Address (See Instruction	9 / *				
Contact Addrass B. Street or P.O. Box	30 4	AVE			
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A. Name of Installation's Legal Owner					
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Street, P.O. Box, of Route Number					
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City of a byti		5	tate ZIP Code		
206167 1				131-1	
Phone Number (area code and number)	B. Land Type	e C. Owner Typ	Indicator	wner (Date Changed) Month Day	/ear
10/14-17/2151-16/317/5			Yes No		

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VIII. Type of Regulated Weste Activity A. Hazardous	(Mark 'X' in the appropriate boxes Waste Activity	s. Refer to Instructions.) B. Used Oli Fuel Activities
1. Generator (See instructions) a. Greater tran 1000kg/mo (2,200 fbs b. 100 to 1000 kg/mo (220 - 2,200 fbs c. Lest than 100 kg/mo (220 ibs.) 2. Transporter (Indicate Mode in boxes 1 a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water	3. Treater, Storer, Dispose installation) Note: A per for this activity; see instruction. 4. Hazardous Waste Fuel a. Generator Marketing	1. Off-Specification Used Oil Fuel Luctions a. Generator Marketing to Burner b. Other Marketer b. Other Marketer c. Burner - Indicate device(s) - Type of Combustion Device 1. Utility Boller 2. Industrial Boller 3. Industrial Furnace 3. Industrial Furnace 2. Specification Used Oil Fuel Market (or On-site Burner) Who First Claims the Oil Meets the Specification
	5 Underground Injection	Control
IX. Description of Regulated Wastes (Use additional sheets if necessary	
wastes your installation handles. (See 40 1. ignitable 2. Corrosive 3. Reactive (D001) (D002) (D003)	CFR Parts 261.20 - 261.24) Toxicity Characteristic COO(0) (Ust specific EPA hazardous we	ponding to the characteristics of nonlisted hazardous ester number(s) for the Toxicity characteristic contaminant(s)) led to list more than 12 waste codes.)
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C. Other Wastes. (State or other wastes rec	3 4	r. See instructions.) 5 6
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Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste

nvironmental Protection Agency

Date Received (For Official Use Only)

MAY 1-6 1995

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Form Approved. OMB No. 2050-0026. Expires 6-30-82 GSA No. 0246-EPA-OT

/III. Type of Regulated Waste Activity (A. Hazardous	Mark 'X' in the appropriate boxes. Refer in Waste Activity	to Instructions.) B. Used Oll Fuel Activities
1. Generator (See Instructions) a. Greater than 1000kg/mo (2;200 lbs.) b. 100 to 1000 kg/mo (220 - 2;200 lbs.) c. Less than 100 kg/mo (220 lbs.) 2. Transporter (indicate Mode in boxes 1 a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Dither 4 specify.	3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. 4. Hazardous Waste Fuel a. Generator Marketing to Burner	1. Dif-Specification Used Oil Fuel a. Generator Marketing to Burner b. Other Marketer b. Burner - Indicate device(s) - Type of Combustion Device 1. Utility Boller 2. Industrial Boller
	5 Underground Injection Control	
Ignitable 2 Corrosive 3 Reactive (D001) (D002) (D003) (C	Oxicity haracteristic 2000) (List specific EPA hazardous waste number(s) 261.31 - 33. See instructions if you need to list m 3	5 6 11 12 12
Certification		
scoordance with a system designed to submitted. Based on my inquiry of the p sathering the information, the informa- complete. I am aware that there are sign imprisonment for knowing violations.	locument and all attachments were preparto assure that qualified personnel propererson or persons who manage the system, ation submitted is, to the best of my knowledge of the system, afficant penalties for submitting false information. Name and Official Title (type or print) WAYME VERCELLOTT!	rly gather and evaluate the information or those persons directly responsible for owledge and belief, true, accurate, and
l. Comments		



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION A ACAL ACTIVITIES P.O. BOX ANERT CHECAGO, RUNIOSE BOSSE

Dear Notifier:

Enclosed you will find the United States Environmental Protection Agency (U.S. EPA) Identification (ID) number that has been assigned to your installation. You will find your twelve character ID number on the top portion of the enclosed notification form. This ID number advocatedges that you have filed a Notification of Regulated Maste Activity for the installation referenced on the notification form to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). This ID number must be included on all shipping manifest(s) for transporting hazardous westes; on all correspondence; and on all reports required under Abtitle C of RCRA by the U.S. EPA and State

Mease carefully review your status to determine whether the box you have checked is correct for your installation. If you checked Box 1A "Generator" you are a large generator producing over 1000 kg/mo (2200 lbs). Large generators are subject to all applicable regulations under Satitle C of RCRA including the Armal/Biernial Report. If you determine Box 1A was checked in error, you can change your status to either a Small Quantity Generator (100-1000 kg/mo) or a Conditionally Exempt Generator (less than 100 kg/mo) by notifying the U.S. EPA in writing at the address at the top of this letter. Please indicate which generator category is correct for your installation.

Please note the U.S. EPA number is site-specific. If your installation changes locations, a new notification is required for a new ID mamber. If your installation has charged ownership, a subsequent notification must be filed to allow the new camer to use the ID number.

If the purpose of your notification is a one-time disposal for a clean-up, PCS removal, underground storage tank removal, etc., please notify U.S. Etc in writing upon completion of the project. U.S. EFA will deactive to ID number at that time. Any other notification changes not mentioned can be sent

If you have any further questions regarding hazardous waste activity, please contact the Region V Motification Hotlins at (312) 886-4001.

Strongly,

NCRA Notifications Coordinator

Maste Management Division

N C

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Form Approved. OMB No 2050-0028. Expires 9-30-88. GSA No. 0246-EPA-01 Please print or type with ELITE type (12 characters per inch) in the unshaded areas only Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Resource Tones (1997). United States Environmental Protection Agency Washington, DC 20460 Notification of Hazardous Waste Activity and Recovery Act). For Official Use Only Comments C **Date Received** day) mo. Installation's EPA ID Number Approved IVr. I. Name of Installation Т P I N G 0 F Ι E T I C K 0 P B Installation Mailing Address Street or P.O. Box 7 P 0 B O X 8 6 3 City or Town State ZIP Code 0 0 E T III. Location of Installation Street or Route Number 5 0 2 L S R OA D M IL 5 City or Town State ZIP Code 0 E V. Installation Contact Phone Number (area code and number) Name and Title (last, first, and job title, 2 P 8 5 2 3 U R KA M P B R U C Ε R E S Ownership B. Type of Ownership (enter code) A. Name of Installation's Legal Owner P 0 ET B L CK T 0 P P IN G J L Ι VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.) A. Hazardous Waste Activity B. Used Oil Fuel Activities 6. Off-Specification Used Off Fuel (enter 'X' and mark appropriate boxes below) ☐ 1a. Generator ☐ 1b. Less than 1,000 kg/mo. 2. Transporter RECEIVED a. Generator Marketing to Burner 3. Treater/Storer/Disposer 4. Underground Injection b. Other Marketer (enter 'X' and mark appropriate boxes below) PR 2 5 1989 5. Market or Burn Hazardous Waste Fuel C. Burner 7. Specification Used Oil Fuel Marketer (or On site Burner) a. Generator Marketing to Burner Who First Claims the Oil Meets the Specification IEPA-DLPC b. Other Marketer VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in

B. Industrial Boiler C. Industrial Furnace A. Utility Boiler VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es) D. Water A. Air B. Rail C. Highway E. Other (specify) IX. First or Subsequent Notification Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below. C. Installation's EPA ID Number

which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

B. Subsequent Notification (complete item C)

A. First Notification

				ID - For Official U	lse Only
					T/A C
n.		Service Commence of the Commen	w		1 1 1 1 1
	. Description of Hazardous Wa				
A.	. Hazardous Wastes from Nonspecific from nonspecific sources your installa	Sources. Enter the four-dig ion handles. Use additional	igit number from 40 Ci il sheets if necessary.	FR Part 261.31 for each li	sted hezardous waste
	1 2	3	4	1 1 5	6
	0001				
	7 8	9	10	11	12
[B.	Hazardous Wastes from Specific Sou	rces. Enter the four-digit nu	number from 40 CFR P	art 261.32 for each listed	hazardous wasta from
Ĺ	specific sources your installation hand	les. Use additional sheets if	if necessary.		1,223, 333, 1,331,
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C.	Commanded Chamical Broduct House	dour Morton Enterth d			
	Commercial Chemical Product Hazar your installation handles which may be	rous syssies, Enter the four 8 hazardous wasta. Usa ad	ur-digit number from 4 Idditional sheats if nec	¥0 CFR Part 261,33 for ea	ch chemical substance
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υ. 	Listed infectious Wastes. Enter the for pitals, or medical and research laborate	ar-digit number from 40 <i>CFI</i> wies your installation handle	FR Part 261.34 for eac lles. Use additional sh	h hazardous waste from l sets if necessary.	nospitals, veterinary hos-
	49 50	51	52	53	54
E. (Characteristics of Nonlisted Hazardou	s Wastes. Mark 'X' in the b	boxes corresponding to	o the characteristics of no	onlisted hazardous wastes
י	you materiation handles, jose 40 CFR /	——————————————————————————————————————			
	1. Ignitable (D001)	2. Corrosiva (D002)	LJ 3.	Reactive (D003)	4. Toxic (D000)
XI.	. Certification				
	I certify under penalty of law th	at I have personally ex	examined and am	femilier with the info	remation cubmitted in
	wiis and an attached document	s. ang that based on n	my incluiry of the	se individuals immar	listaly recognishle for 📘
	ootaining the information, i peli	eve that the submitted	d information is tri	ie accurate androm	inlate I am awara that
	uiere are significant penaities f	or submitting talse info	ormation, includii	ng the possibility of fil	ne and imprisonment.
Sig	nature	Name and	Official Title (type or	print)	Date Signed
	Buc A. Hustamp	Bruce	e R. Kurkamp,	President	4-11-89

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act). United States Environmental Protection
Washington, DC 20460 Notification of Hazardous ♥ For Official Use Only Comments C **Date Received** mo. day) Approved Installation's EPA ID Number I. Name of Installation E T I 0 N G C K T B L Α II. Installation Mailing Address Street or P.O. Box 8 7 0 В OX 6 P 3 State ZIP Code City or Town 3 IL ET L Ι III. Location of Installation Street or Route Number S 5 0 L Ι State ZIP Code City or Town E T 0 IV. Installation Contact Name and Title (last, first, and job title) 3 2 8 B K Ui R K A M P R V. Ownership B. Type of Ownership (enter code) A. Name of Installation's Legal Owner P I N J 0 I CK T B; L A VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.) B. Used Oil Fuel Activities A. Hazardous Waste Activity 6. Off-Specification Used Off Fiel (enter 'X' and mark approach) to the line of the line o 💢 1a. Generator ☐ 1b. Less than 1,000 kg/mo. 2. Transporter a. Generator Marketing RECEIVED d to Burner 3. Treater/Storer/Disposer b. Other Marketer 4. Underground Injection (enter 'X' and mark appropriate boxes below) R 2 5 1989 ☐ 5. Market or Burn Hazardous Waste Fuel 7. Specification Used Oil Fuel Marketer Who First Claims the Oil Meets 15 S a. Generator Marketing to Burner IEPA-DLPC D b. Other Marketer VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.) C. Industrial Furnace B. Industrial Boiler A. Utility Boiler VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es) 8. Rail C. Highway D. Water ☐ E. Other (specify) IX. First or Subsequent Notification Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below. Installation's EPA ID Number ☐ B. Subsequent Notification (complete item C) A. First Notification Continue on rever EPA Form 8700-12 (Rev. 11-85) Previous edition is obsolete.

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		-	C		T/A
Description of	Hazardous Wastes (c		** 1 1 1		
	rom Nonspecific Sources			261.21.4	
from nonspecific sou	rces your installation hand	dles. Use additional sheet	ts if necessary.	201.31 for each lis	ted hazardous waste
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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5 RCRA ACTIVITIES P.O. BOX A3587 CHICAGO, ILLINOIS 60690

JUL 10 1989

Dear Notifier:

Enclosed you will find the U.S. Environmental Protection Agency (U.S. EPA) Identification (ID) number that has been assigned to your installation. This ID number must appear on all manifest forms when transporting hazardous waste. You will find your ID number on the second line of the copy of the enclosed notification form. This letter confirms that you have filed a Notification of Hazardous Waste Activity (form 8700-12) to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). This letter and the enclosed copy of the notification form should be retained for future use.

If your facility is in the state of Michigan and you were previously issued an ID number with an MIG prefix, do not use the MIG number. This is a state number. Be sure to use the MID number only.

If you have any further questions regarding hazardous waste activity, please contact the Region V Solid Waste Hotline at (312) 886-4001.

Sincerely yours,

Arthur S. Kawatachi Information Section Office of RCRA

Enclosure